Supplementary Figures:

Thank you

Supplementary rigure 31. Knee Assessment Questionnaire									
Thank you for taking the time to fill in this questionnaire.									
Please answer the questions below by circling the number where you feel your knee symptoms are today:									
0	no symptor	ns							
1	slight symptoms								
2	mild symptoms								
3	moderate symptoms								
4	severe symptoms								
5	worst imaginable symptoms								
1.	Where is yo	ur knee pain	today?						
	0	1	2	3	4	5			
		1							
2.	Where is your knee swelling today?								
	0	1	2	3	4	5			
3.	Where is yo	ur knee stiffi	ness today?						
	0	1	2	3	4	5			
		_							
4.	Do you think that you are having a 'flare' in your knee today?								
	0	1	2	3	4	5			
Finally, do you think that your knee has deteriorated overall since the baseline visit, before the									
treatment was given? Please answer yes or no!									

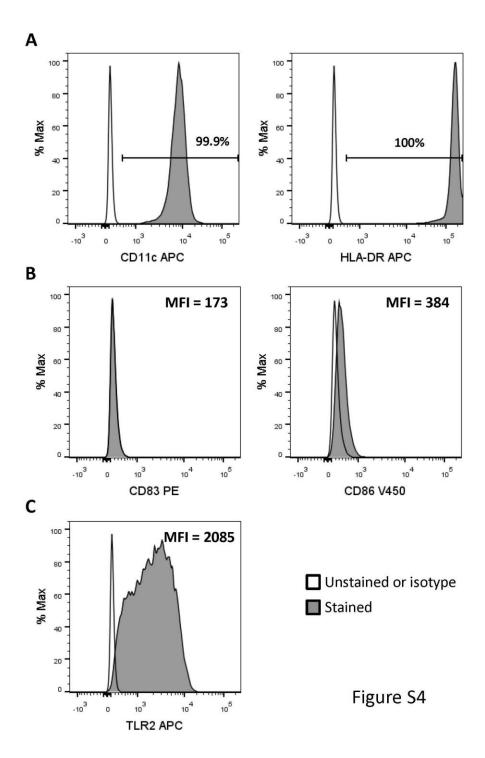
Supplementary Figure S2. Physician VAS for knee activity

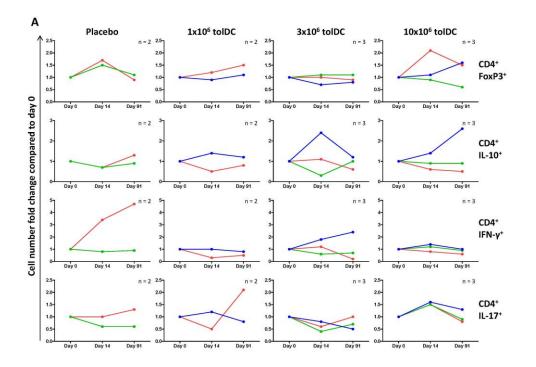
Please place a vertical mark through the line where 0 = no disease activity and 10= worst possible disease activity for selling, temperature, range of movement, erythema and overall disease activity:

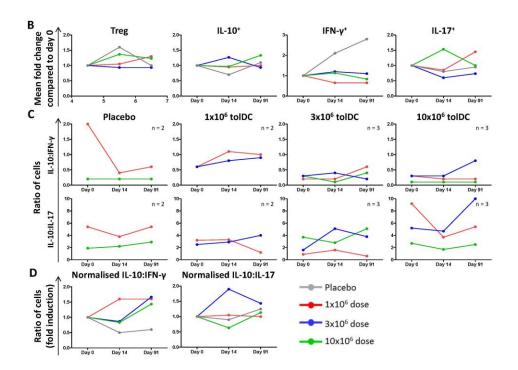
1.	Swelling	
0		10
2.	Temperature	
0		10
3.	Range of Movement	
0		10
4.	Erythema	
0		10
5.	Overall disease activity	
0		10

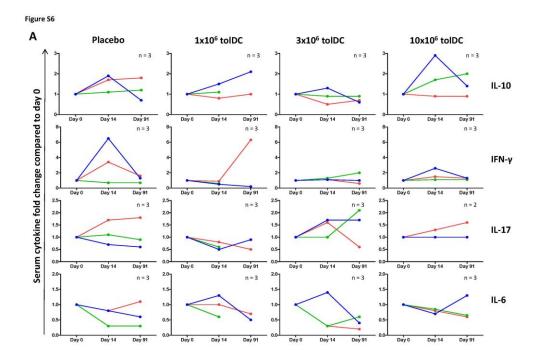
Please circle the number that you feel applies best to the statements below:									
1= totally disagree									
2= partially disagree									
3 = neither agree nor disagee									
4 = partially agree									
5= totally agree									
1.	Taking part in the study was convenient								
1	2	3	4	5					
2.	The overall study was acceptable								
1	2	3	4	5					
3.	I would take part in the study again								
1	2	3	4	5					
4.	I found the knee joint aspiration acceptable								
1	2	3	4	5					
5.	I found leukapheresis acceptable								
1	2	3	4	5					
6.	6. I found the knee ultrasound scan acceptable								
1	2	3	4	5					
_	2		25 T 2	J ,					
7.	I found the arthroscopy (camera examination of the knee joint) acceptable								
1	2	3	4	5					

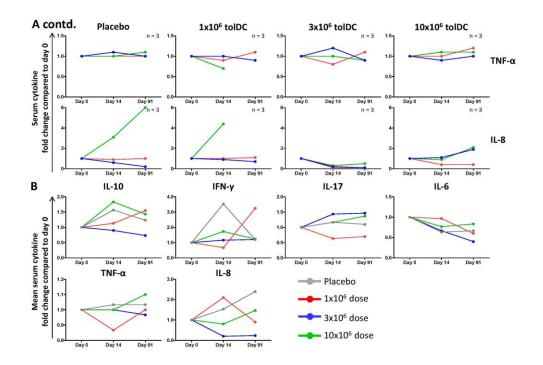
Supplementary Figure S3. Participant Acceptability Questionnaire

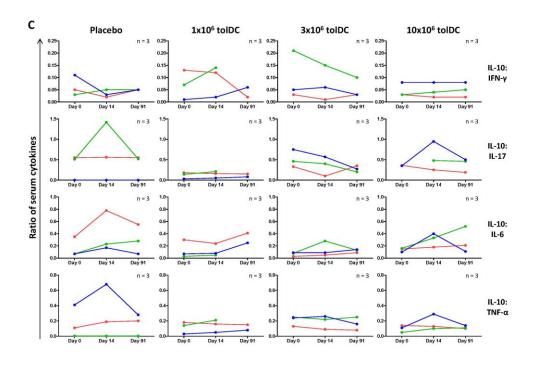


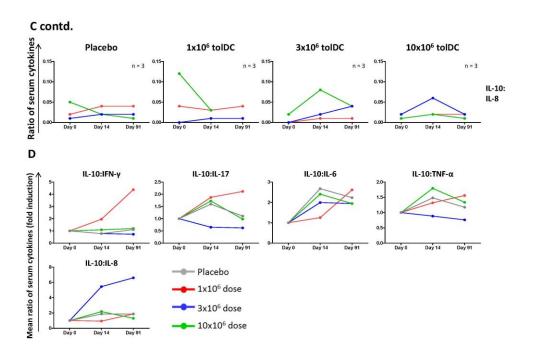












Supplementary Table S1. AuToDeCRA exclusion criteria

Serious or unstable co-morbidity

History of malignancy (except treated basal cell carcinoma of skin)

Known active infection at screening or at baseline (except fungal nail infection)

Infection requiring hospitalization or IV antibiotics within 6 weeks of baseline

Immunization with a live vaccine within 6 weeks of baseline

History of recurrent or chronic infection

History of and/or positive testing for the mandatory markers of hepatitis B or C, syphilis, HIV, CMV or

HTLV-1/2 infections (requirements for GMP)

Standard haematological and biochemical exclusions

Pregnancy, planned pregnancy and breast feeding